

<b>Case Number:</b>	CM14-0215664		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Arizona, California  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 yr. old female claimant sustained a work injury on 4/11/14 involving the low back. She was diagnosed with lumbar strain. She had undergone physical therapy and use of hot packs. An x-ray of the lumbar spine on 5/21/14 indicated degenerative spondlosis of L3-L5. She had been on Norco for pain since at least May 2014. A progress note on 8/21/14 indicated the claimant 7/10 pain. Prior Naproxen use caused GI symptoms. Exam findings were notable for painful limited range of motion of the lumbar spine. The claimant was initiated on Tramadol ER 150 mg as needed. An MRI of the lumbar spine on 10/2/14 indicated degenerative changes from L2-L5. A progress note on 11/6/14 indicated the claimant had 7/10 pain. Examination was essentially unchanged. The claimant remained on Tramadol ER 150 mg BID for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol ER 150mg #120 per request dated 12/01/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Therapeutic Trial of Opioids; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted at the same level over time while on the medication. She had been on the maximum dose. The continued use of Tramadol ER as above is not medically necessary.